

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-6		5/4
O.I.F.E. CLASSIFIER			10 5-24-01
FORMALITY REVIEW	A.T	1071	06126101
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	Original
1 ✓	6/18/02
2 ✓	6/15/02
3 ✓	0 0
4 ✓	0 0
5 ✓	
6 ✓	✓ ✓ ✓
7 ✓	✓ ✓ ✓
8 =	= =
9 ✓	✓ ✓ ✓
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12 ✓	0 0
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Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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